

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12103</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>ANGELO</u> <u>AQUILINO</u> P.O. Box, Bldg., Room No., if any Street <u>15703 87TH STREET</u> City <u>HOWARD BEACH</u> State <u>New York</u> ZIP Code + 4 <u>11414</u>	4. Name, file number, and address of labor organization. Name <u>BCTW & GM LOCAL 102</u> Labor Organization File Number <u>025-077</u> P.O. Box, Building and Room Number, if any Street <u>108-15 CROSS BAY BLVD</u> City <u>OZONE PARK</u> State <u>New York</u> ZIP Code + 4 <u>11417</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Angelo Aquilino

On

08/11/2005

Date

(718) 738-7300

Telephone Number

Name of Person Filing ANGELO AQUILINO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name BCTW LOCAL 102 PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 108-15 CROSS BAY BLVD</p> <p>City OZONE PARK</p> <p>State New York ZIP Code + 4 11417-1520</p>	<p>14.a. Nature of payment.</p> <p>MEMBERSHIP DUES OF \$100. PAID ON BEHALF OF UNION TRUSTEE ANGELO AQUILINO FOR THE INTL FOUNDATION OF EMPLOYEE BENEFIT PLANS.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$100</p>

Name of Person Filing ANGELO AQUILINO

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name BCTW LOCAL 102 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 108-15 CROSS BAY BLVD

City OZONE PARK

State New York

ZIP Code + 4 11417-1520

14.a. Nature of payment.

AIRLINE TICKET PURCHASED FOR MR. ANGELO AQUILINO TO ATTEND INTL FOUNDATION OF EMPLOYEE BENEFIT PLAN CONFERENCE.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$226

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name BCTW LOCAL 102 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 108-15 CROSS BAY BLVD

City OZONE PARK

State New York

ZIP Code + 4 11417-1520

14.a. Nature of payment.

DEPOSIT PAID ON BEHALF OF UNION TRUSTEE MR. ANGELO AQUILINO TO ATTEND THE INTL FOUNDATION OF EMPLOYEE BENEFIT PANS CONFERENCE.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$633

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name BCTW LOCAL 102 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 108-15 CROSS BAY BLVD

City OZONE PARK

State New York

ZIP Code + 4 11417-1520

14.a. Nature of payment.

PER DIEM OF \$100. PER DAY FOR SIX DAYS PAID TO MR. ANGELO AQUILINO FOR STAY AT CONFERENCE OF INTL FOUNDATION OF EMPLOYEE BENEFIT PLANS.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$600

Name of Person Filing ANGELO AQUILINO

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name LOCAL 102 BCTW WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 108-15 CROSS BAY BLVD

City OZONE PARK

State New York

ZIP Code + 4 11417-1520

14.a. Nature of payment.

PER DIEM OF \$100 PER DAY PAID TO MR ANGELO AQUILINO WHILE ATTENDING CONFERENCE SPONSORED BY NATIONAL MEDICAL HEALTH CARD.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NATIONAL MEDICAL HEALTH CARD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 26 Harbor Park Drive

City PORT WASHINGTON

State New York

ZIP Code + 4 11050

14.a. Nature of payment.

APPROXIMATE VALUE OF STAY AT HOTEL INCLUDING MEALS FOR TWO DAYS WHILE ATTENDING CONFERENCE SPONSORED BY NATIONAL MEDICAL HEALTH CARD.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$500

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name STEPHEN DAVIS P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 67 WALL STREET

City NEW YORK

State New York

ZIP Code + 4 10005

14.a. Nature of payment.

LAW FIRM SENT A BUSHEL OF GRAPEFRUIT (\$36) AND A BOTTLE OF WINE (\$25.) AS A TRADITIONAL CHRISTMAS GIFT.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$61